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CONFIRMATION NO. 3910

<b>SERIAL NUMBER</b> 10/694,190	<b>FILING OR 371(c) DATE</b> 10/28/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> 95176562-003002 (64230-00)	
<b>APPLICANTS</b> Lloyd Wolfinbarger JR., Norfolk, VA; Perry Lange, Virginia Beach, VA; Alyce Linthurst, Virginia Beach, VA; Eric Moore, Carrolton, VA; Barry Nolf, Virginia Beach, VA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/660,422 09/12/2000 PAT 6,743,574					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/29/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 66	<b>INDEPENDENT CLAIMS</b> 6
Verified and Acknowledged Examiner's Signature _____ Initials _____					
<b>ADDRESS</b> 9629					
<b>TITLE</b> Process for devitalizing soft-tissue engineered medical implants, and devitalized soft-tissue medical implants produced					
<b>FILING FEE RECEIVED</b> 1487	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		